

EXHIBIT 32**PROGRAM ACTIVITY SUMMARY SHEET (00-ND-XX)**

City of _____

	DATE	ADMIN	HO. INSPECT	LEAD EVAL	REHAB	DEMO	ENG. DESIGN	ENG INSPECT	PF	TOTAL CDBG	LOCAL	PRIV.	OTHER PUBLIC
BUDGET													
EXPEND													
BALANCE													
EXPEND													
BALANCE													
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EXPEND													
BALANCE													

EXHIBIT 33

CASH CONTROL LEDGER (00-ND-XX)

City of _____

[illegible]

Characteristics of Program Income Beneficiaries from above activities listed in Section D. Use additional pages if necessary.

Activity Name:	Total Number of Beneficiaries:	Please list the number and percentage of beneficiaries who are:					
		Low/Mod Income (80%)		Low Income (50%)		Very Low Income (30%)	
		#	%	#	%	#	%

Activity Number:		Activity Number:	
Activity Name:		Activity Name:	
	Total Direct Beneficiaries	Hispanic Direct Beneficiaries	
White:			
Black/African American:			
Asian:			
American Indian/Alaskan Native:			
Native Hawaiian/Other Pacific Islander:			
American Indian/Alaskan Native & White:			
Asian & White:			
Black/African American & White:			
Am. Indian/Alaskan Native & Black/African Am.:			
Asian & Native Hawaiian/Other Pacific Islander:			
All Others:			
TOTAL			
Female Head of Household:			
Handicapped (Disabled):			
Elderly:			